SYRIA MD 1

SILICOSIS AND BENIGN PNEUMOCONIOSIS ARE among the most important occupational diseases, but recognised cases are relatively few in number.

The smoking of *Cannabis indica* (hashish) and other types of drug addiction were formerly common. Within recent years they have been combated with some success by restrictive regulations and educational propaganda.

SUMMARY

Modern Syria, an independent republic since 1943, encompasses three of the former Levant states—Syria, Latakia and Jebel ed Druz. It has a population of slightly less than 3.2 million which is predominantly Moslem and Arab, but which includes several important religious and racial minority groups. Over three quarters of the inhabitants live in the western and the northwestern provinces which form the western arm of the so-called "Fertile Crescent."

The Ministry of Health (and Public Assistance), with headquarters in Damascus, is responsible for the health and the medical care of the population. Subordinate provincial health departments carry on the activities of the Ministry in each of the 9 *muhafazats*, or provinces. Autonomous municipal organizations function in Damascus, Aleppo, Homs and Hama. A limited number of philanthropic, mission and international agencies carry on health services in close co-operation with the Ministry. In 1951 there were 47 hospitals in Syria, with an aggregate capacity of 2,255 beds—approximately 0.7 beds per 1,000 inhabitants. Of this number, 22 hospitals, with 1,525 beds, were supported by the government, and the remainder by private organizations. In the same year, the Ministry maintained 111 clinics and dispensaries scattered throughout the country, including 3 maternity and child welfare centers, 7 mobile dispensaries and 6 mobile units for the treatment of specific diseases.

Water supplies are usually deficient, ex-